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amendment

STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle. Print legible numbers and block letters, no script.

| Reporting Information

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Cim

FOR OFFICE USE ONLY

Yec	ar: 2013							
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Rep	oort Period: 🛇 J	anuary/June		amended to include 5 of F				
Тур	e of Lobbying: 🖇 N	lonprocurement	th	RECEIVED JUL 0 5 2013				
Clie	ent Filing Fee Check	Number: Amex Card			NECE	TIVED JOT 0.2 5013		
	Client Informa	ation						
Na	me: Association of To	owns of the State of N	New York					
Permanent Business Address: 150 State Street								
City	y: Albany			Stat	e:NY		ZIP code:12207	
Bus	siness Phone:518-46	5-7933		Fax	Numb	oer: 518-465-0724		
Thir	rd Party Beneficiary	(see instructions):						
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An	Lobbyist(s) In	formation & C	empe	ensotion (Cur	nent must b	e reported below	regardless of whether the	
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Α	Type of Lobbyist:	O Retained	0	Employed	0	Designated		
	Level of Gov't:	O State Lobbying	g O	Local Lobbying	0	Both		
	Name:					Phone Number:		
	Address:							
	City:					State:	ZIP code:	
_	Compensation for	r current period: \$.00				
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	Level of Gov't:	O State Lobbyin	g O	Local Lobbying	0	Both		
	Name:					Phone Number:		
	Address:							
	City:					State:	ZIP code:	
	Compensation for	r current period: \$.00				
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D TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$

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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Belo

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #2

Single Source (or Related or Affiliated) Entity's Name: New York State Municipal Workers' Compensation Alliance

or Single Source (or Related or Affiliated)Person's Last Name:

First Name:

Address: 333 Earle Ovington Blvd

City: Uniondale			State: NY	ZIP code:11553
Phone: 516-750-9430				
Date Contribution Received:	06 / 17	/2013	Amount of Contribution: \$10711	.00
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VI Subjects lobbied:	Person, State Agency, Municipality or Legislative Body lobbied:					
O Continued on attached pages	O Continued on attached pages					
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:					
	,					
O Continued on attached pages	O Continued on attached pages					
IX Number of Subject Matter of Executive Order of Governor/Municipality lobbiled:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:					
O Continued on attached pages	O Continued on attached pages					
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.						
X SIGNATURE:	DATE: 7/2/2013					
PRINT NAME: LAST Geist TITLE: Executive Director	FIRST Gerry					
	Designee(Attach Letter)					
The following MUST be attached to this repo	rt at the time of submission:					

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.